

08/14/2017 MON 11:49 FAX 8655942168 Dept of Health

005/026

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2017
NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000	F-282	8-18-17	
F 282 SS=D	<p>During the recertification survey and investigation of complaint #41318, conducted on 7/31/17-8/2/17 at Beverly Park Place Health and Rehab, no deficiencies were cited in relation to the complaint under 42 CFR PART 483, Requirements of Long term Care Facilities, 483.21(b)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(ii) Be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to implement the Activities of Daily Living (ADL) comprehensive care plan for restorative services for 1 of 3 sampled residents (#326) reviewed for ADLs.</p> <p>The findings included:</p> <p>Medical record review of the "Diagnosis List" form in the clinical record for Resident #326 revealed diagnoses including Dementia with Lewy bodies, Schizophrenia and Major Depressive Disorder. Further review revealed on 6/8/17, a new diagnosis of abnormalities of gait and mobility was added.</p> <p>Review of the most recent comprehensive "Minimum Data Set" (MDS) dated 4/6/17 and a</p>	F 282	<p>1. Resident #326 was screened by a Physical Therapy Assistant on 08-01-17. The screen was positive. An order was written on 08-08-17 for Physical Therapy to evaluate and treat for a diagnosis of muscle weakness.</p> <p>2. A 100% audit of care plans was completed on 08-18-17 by Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.</p> <p>A 100% audit of doctor's orders from 05-07-17 to 8-11-17 was completed on 08-11-17 by Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.</p> <p>3. A new therapy process for implementing a Restorative Nursing Program was developed by the Director of Therapy and the Director of Nursing on 08-02-17. Physical Therapist #1 was in-serviced by the Director of Nursing on the new therapy process for implementing a Restorative Nursing Program on 08-02-17.</p> <p>Therapy staff, Restorative Nurse Aides, The Restorative Nurse, Care Plan Nurses and Unit Managers were in-serviced on the new therapy process for implementing a Restorative Nursing Program by the Director of Nursing from 08-02-17 to 08-16-17.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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TN 4705

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F 282	<p>Continued From page 1</p> <p>quarterly MDS dated 6/28/17 revealed Resident #326 required the assistance of one staff for bed mobility and transfers and was able to walk in his room with limited assistance of one staff member. Further review of the clinical record revealed a "Nursing Assessment" dated 4/8/17 indicated Resident #326 had no cognitive concerns and required supervision for bed mobility and transfers. A "Nursing Assessment" dated 6/7/17 revealed the resident was full weight bearing, and self-propelled himself in the wheelchair.</p> <p>Review of the current ADL care plan dated 4/10/17 indicated Resident #326 required the assistance of staff for his ADL's due to his gait instability. An intervention was added to the ADL care plan on 5/18/17 to begin a restorative nursing program as directed. The clinical record had no documentation indicating Resident #326 was currently participating in a restorative nursing program.</p> <p>Observation of Resident #326 on 7/31/17 at 10:08 AM revealed he was ambulating with the assistance of his sister to the bathroom in his room and was ambulating with a steady gait.</p> <p>Observation of Resident #326 on 8/1/17 at 1:28 PM revealed he was in the hallway on the 200 Hall in his wheelchair.</p> <p>An interview conducted with Physical Therapy Staff #1 on 8/1/2017 at 3:40 PM in the physical therapy office revealed Resident #326 was discharged from physical therapy on 5/10/2017 as he had plateaued in his progress towards his physical therapy goals. Continued interviewed confirmed a note had been written on 5/18/2017 for instructions for Resident #326 to begin receiving restorative nursing services after being</p>	F 282	<p>4. 20% of care plans will be audited for accuracy weekly x 4 and monthly x2 and/or until 100% compliance is achieved by Unit Managers, Director of Nursing and/or Registered Nurses.</p> <p>20% of doctor's orders will be audited for follow through weekly x4 and monthly x2 and/or until 100% compliance is achieved by Unit Managers, Director of Nursing and/or Registered Nurses.</p> <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director.</p>	8-18-17	

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BEVERLY PARK PLACE HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

5321 BEVERLY PARK CIRCLE
KNOXVILLE, TN 37918

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F 282	<p>Continued From page 2</p> <p>discharged from physical therapy. Continued interview verified once a resident is released from physical therapy and restorative nursing services is ordered it is the physical therapy departments responsibility to write the restorative plan and have it signed by the physician before the restorative nursing services can begin. Continue interview confirmed Resident #326 was on a restorative program prior to his recent physical therapy so when he was discharged from therapy on 5/18/2017 there had already been a prior program in place so he should have just started back with the restorative program from where he had previously left off. Continued interview confirmed there was no required signature on the back of the physical therapy form to re-initiate the prior restorative services. She verified a signature was never obtained and no new restorative plan was ever written for Resident #326 therefore he failed to receive restorative nursing services for ambulation since being recommended on 5/18/2017.</p> <p>An interview was conducted with the Restorative Nurse Manager Registered Nurse #4 on 8/2/2017 at 10:05 AM outside the lower level conference room. She stated she was not aware of an order to begin any type of restorative program for Resident #326 and he was not currently receiving restorative nursing services from her department. Continued interview confirmed if the therapy department determines a resident requires restorative nursing services they will write a restorative nursing program, and they will advise the restorative staff of the specific program for the resident. Continued interview confirmed Resident #326 had not received any restorative nursing service since 5/18/2017 when he was discharged from physical therapy.</p>	F 282		

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F 282	Continued From page 3	F 282			
F 311 SS=D	<p>An interview was conducted on 8/2/2017 at 11:00 AM with the Director of Nursing (DON) and the Corporate Nurse in the DON office. They verified Resident #326 had an intervention on the current ADL care plan dated 5/18/2017 for restorative services for ambulation and those services were not implemented according to the current compressive care plan.</p> <p>483.24(a)(1) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS</p> <p>(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, observation and interview, the facility failed to ensure restorative nursing services for ambulation were provided to 1 of 3 sampled residents (#326) reviewed for Activities of Daily Living (ADL).</p> <p>The findings included:</p> <p>Medical record review of the "Diagnosis List" form in the clinical record for Resident #326 revealed diagnoses including Dementia with Lewy bodies, Schizophrenia and Major Depressive Disorder. Further review revealed on 6/8/17 a new diagnosis was added of abnormalities of his gait and mobility.</p> <p>Review of the most recent comprehensive "Minimum Data Set" (MDS) dated 4/6/17 and a quarterly MDS dated 6/28/17 revealed Resident</p>	F 311	<p>1. Resident #326 was screened by a Physical Therapy Assistant on 08-01-17. The screen was positive. An order was written on 08-08-17 for Physical Therapy to evaluate and treat for a diagnosis of muscle weakness.</p> <p>2. A 100% audit of care plans was completed on 08-18-17 by Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.</p> <p>A 100% audit of doctor's orders from 05-07-17 to 8-11-17 was completed on 08-11-17 by Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.</p> <p>3. A new therapy process for implementing a Restorative Nursing Program was developed by the Director of Therapy and the Director of Nursing on 08-02-17. Physical Therapist #1 was in-serviced by the Director of Nursing on the new therapy process for implementing a Restorative Nursing Program on 08-02-17.</p>	8-18-17	

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F 311	<p>Continued From page 4</p> <p>#326 required the assistance of one staff for bed mobility and transfers and was able to walk in his room with limited assistance of one staff member. Further review of the clinical record revealed a "Nursing Assessment" dated 4/8/17 that indicated Resident #326 had no cognitive concerns and required supervision for bed mobility and transfers. A "Nursing Assessment" dated 6/7/17 revealed the resident was full weight bearing and self-propelled himself in the wheelchair.</p> <p>Review of the most current ADL care plan dated 4/10/17 revealed a problem documenting Resident #326 required the assistance of staff for ADL's due to his gait instability. An intervention was added to the ADL care plan on 5/18/17 to begin a restorative nursing program as directed.</p> <p>Review of the "Physical Therapy" notes provided by the Corporate nurse on 8/1/17 at 10:50 AM revealed Resident #326 had been receiving physical therapy starting on 4/10/17 due to muscle weakness, difficulty walking and was noted to have a diagnosis of Dementia with Lewy bodies. A "Physical Therapy" note dated 5/18/17 documented Resident #326's goal for ambulation was not met during physical therapy, and he continued to require stand by assistance due to unsteadiness and occasional loss of safety awareness when fatigued. The long-term goal indicated the resident and the staff would be trained in the restorative nursing program upon discharge from physical therapy.</p> <p>Observation of Resident #326 on 7/31/17 at 10:08 AM revealed he was ambulating with the assistance of his sister to the ballroom in his room and was ambulating with a steady gait.</p> <p>Observation of Resident #326 on 8/1/17 at 1:28</p>	F 311	<p>Therapy staff, Restorative Nurse Aides, The Restorative Nurse, Care Plan Nurses and Unit Managers were in-serviced on the new therapy process for implementing a Restorative Nursing Program by the Director of Nursing from 08-02-17 to 08-16-17.</p> <p>4. 20% of care plans will be audited for accuracy weekly x 4 and monthly x2 and/or until 100% compliance is achieved by Unit Managers, Director of Nursing and/or Registered Nurses.</p> <p>20% of doctor's orders will be audited for follow through weekly x4 and monthly x2 and/or until 100% compliance is achieved by Unit Managers, Director of Nursing and/or Registered Nurses.</p> <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director.</p>	8-18-17

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F 311	<p>Continued From page 5</p> <p>PM revealed he was in the hallway on the 200 Hall in his wheelchair.</p> <p>An interview was conducted with Physical Therapy Staff #1 on 8/1/17 at 3:40 PM in the physical therapy office and revealed Resident #326 was discharged from physical therapy on 5/18/17 as he had plateaued in his progress. Continued interview confirmed a note written on 5/18/17 for instructions for Resident #326 to begin receiving restorative nursing services after being discharged from physical therapy. Continued interview confirmed when restorative nursing services are ordered after a resident is released from physical therapy, it is the therapy department's responsibility to write the restorative plan and have it signed by the physician before the restorative nursing services begin. Continued interview confirmed a physician signature was never obtained, and a new restorative plan was never written for Resident #326; therefore, he never received restorative nursing services for ambulation after the recommendation was made on 5/18/17.</p> <p>An interview was conducted with Restorative Nurse Manager Registered Nurse #4 on 8/2/17 at 10:05 AM outside the lower level conference room. She stated she was not aware of an order to begin any type of restorative program for Resident #326, and he is currently not receiving any restorative nursing services from her department. Continued interview confirmed if the therapy department determines a resident requires restorative nursing services, they will write a restorative nursing program, and they will advise the restorative staff of the specific program for the resident. She verified Resident #326 had not received any restorative nursing</p>	F 311			

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F 311	Continued From page 6 service since 5/18/17 when he was discharged from physical therapy. An interview was conducted with Certified Nurse Aide (CNA) #4 on 8/1/17 at 3:40 PM in the hallway of the 200 Hall. She confirmed Resident #326 had done very well with ambulation in his room but stated he does lose his balance at times, becomes fatigued and is at risk for falls. An interview was conducted on 8/2/17 at 11:00 AM with the Director of Nursing (DON) and the Corporate Nurse in the DON office. They verified Resident #326 had a recommendation on 5/18/17 from physical therapy to begin restorative services for ambulation; the restorative nursing plan was not developed; and services had not been provided.	F 311			
F 333 SS=D	483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS 483.45(f) Medication Errors. The facility must ensure that its- (f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to prevent a significant medication error for 1 resident (#438) of 5 residents observed during medication administration. The findings included: Medical record review revealed Resident #438	F 333	F-333 1. Resident #438 was assessed by the Nurse Practitioner on 08-01-17 with no adverse outcomes identified. Vital signs were immediately obtained on 08-01-17 by the Certified Nursing Assistant. A digoxin level was ordered by the Nurse Practitioner STAT on 08-01-17 which was within normal limits. An EKG was ordered by the Nurse Practitioner on 08-01-17 and it was within normal limits. Family was notified of error by the Registered Nurse on 08-01-17. Registered Nurse #1, Licensed Nurse #2 and Registered Nurse #2 were in-serviced by the Director of Nursing on 08- 01-17 on the monthly medication administration record change over process and the admission order process. 2. A 100% July to August medication administration record change over audit was completed on 08-01- 17 by the Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.	8-18-17	

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F 333	<p>Continued From page 7</p> <p>was readmitted to the facility on 7/28/17 with diagnoses of Chronic Obstructive Pulmonary Disease and Heart Failure.</p> <p>Medical record review of Physician's Orders for 7/28/17 through 7/31/17 revealed Digoxin (a medication used to treat various heart conditions) was not ordered. Further medical record review of the acute care hospital's "Patient Summary" dated 7/28/17, revealed "...Stop Taking These Medicines: digoxin [digoxin 125 mcg [micrograms], .oral tablet] 1 tab[s] ORALLY Once Daily..."</p> <p>Medical record review of Physician's Orders for 8/1/17 through 8/31/17 revealed "...Digoxin 125 mcg lab, take 1 tablet by mouth once daily..."</p> <p>Medical record review of the July 2017 Medication Administration Record (MAR) revealed that Digoxin was not included. Further medical record review revealed the August 2017 MAR included "Digoxin 125 mcg tab... Take 1 tablet by mouth once daily"</p> <p>Observation of Registered Nurse (RN) #1 on 8/1/17 at 8:12 AM, on the main floor, revealed RN #1 administered Digoxin 125 mcg by mouth to Resident #438.</p> <p>Interview with Licensed Practical Nurse (LPN) Unit Manager on 8/1/17 at 8:44 AM, at the main floor nurse's station, confirmed Digoxin had been given without a Physician's Order.</p> <p>Interview with Pharmacist #1 on 8/1/17 at 2:10 PM, in the conference room, revealed the August 2017 computer generated Physician's Orders were not reconciled with the July 2017</p>	F 333	<p>3. Licensed Nursing Staff were in-serviced on the monthly medication administration record change over process and the admission order process by a Registered Nurse from 08-08-17 to 08-18-17. Data Entry Technicians and Skilled Nursing Facility Pharmacists were in-serviced by the Director of Pharmacy Operations on the admission order process from 08-02-17 to 08-04-17.</p> <p>4. A 100% monthly change over audit will be conducted monthly x 3 months and/or until 100% compliance is achieved by the Unit Managers and Registered Nurses.</p> <p>The pharmacy will audit 100% of all new admission orders daily x 3 months.</p> <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director</p>	8-18-17	

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F 333	Continued From page 8 Physician's Orders from the resident's admission. Interview revealed "A nurse and someone from pharmacy should have caught it..." Interview with LPN #2 on 8/2/17 at 3:36 PM, in the conference room, confirmed the LPN checked the pharmacy generated Physician Orders for August 2017 for accuracy with a concurrent review of the Physician Orders for July 2017. Interview continued and LPN #2 confirmed she had not clarified whether the Digoxin, not included in the July 2017 admission orders, was to be included in the August 2017 Physician Orders. Interview confirmed the failure to reconcile medication records accurately resulted in Resident #438 receiving Digoxin 125 mcg by mouth on 8/1/17 at 8:12 AM.	F 333			
F 425 SS-D	483.45(a)(b)(1) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving,	F 425	F-425 1. Resident #438 was assessed by the Nurse Practitioner on 08-01-17 with no adverse outcomes identified. Vital signs were immediately obtained on 08-01-17 by the Certified Nursing Assistant. A digoxin level was ordered by the Nurse Practitioner STAT on 08-01-17 which was within normal limits. An EKG was ordered by the Nurse Practitioner on 08-01-17 and it was within normal limits. Family was notified of error by the Registered Nurse on 08-01-17. Registered Nurse #1, Licensed Nurse #2 and Registered Nurse #2 were in-serviced by the Director of Nursing on 08- 01-17 on the monthly medication administration record change over process and the admission order process.	8-18-17	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/02/2017
NAME OF PROVIDER OR SUPPLIER BEVERLY PARK PLACE HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 5321 BEVERLY PARK CIRCLE KNOXVILLE, TN 37918		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 425	<p>Continued From page 9</p> <p>dispensing, and administering of all drugs) for 1 resident (#438) of 5 residents observed during medication administration.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #438 was readmitted to the facility on 7/28/17 with diagnoses of Chronic Obstructive Pulmonary Disease and Heart Failure.</p> <p>Medical record review of Physician's Orders for 7/28/17 through 7/31/17 revealed Digoxin (a medication used to treat various heart conditions) was not ordered. Further medical record review of the acute care hospital's "Patient Summary" dated 7/28/17, revealed "...Stop Taking These Medicines: digoxin [digoxin 125 mcg [micrograms]...oral tablet] 1 tab[s] ORALLY Once Daily..."</p> <p>Medical record review of Physician's Orders for 8/1/17 through 8/31/17 revealed "...Digoxin 125 mcg tab, take 1 tablet by mouth once daily..."</p> <p>Medical record review of the July 2017 Medication Administration Record (MAR) revealed that Digoxin was not included. Further medical record review revealed the August 2017 MAR included "... Digoxin 125 mcg tab...Take 1 tablet by mouth once daily..."</p> <p>Observation of Registered Nurse (RN) #1 on 8/1/17 at 8:12 AM, on the main floor, revealed RN #1 administered Digoxin 125 mcg by mouth to Resident #438.</p> <p>Interview with Pharmacist #1 on 8/1/17 at 2:10 PM, in the conference room, revealed the</p>	F 425	<p>2. A 100% July to August medication administration record change over audit was completed on 08/01-17 by the Unit Managers and Registered Nurses. Any areas of concern identified were corrected by the Unit Managers and Registered Nurses.</p> <p>3. Licensed Nursing Staff were in-serviced on the monthly medication administration record change over process and the admission order process by a Registered Nurse from 08-08-17 to 08-18-17. Data Entry Technicians and Skilled Nursing Facility Pharmacists were in-serviced by the Director of Pharmacy Operations on the admission order process from 08-02-17 to 08-04-17.</p> <p>4. A 100% monthly change over audit will be conducted monthly x 3 months and/or until 100% compliance is achieved by the Unit Managers and Registered Nurses.</p> <p>The pharmacy will audit 100% of all new admission orders daily x 3 months.</p> <p>Results of the findings will be reported to the Quality Assurance Performance Improvement Committee x 3 months or until 100% compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Therapy Manager, Staff Development Coordinator, Social Services Department, MDS Coordinators, Maintenance Director, Laundry Director, Admissions Director, Business Office Manager, Housekeeping Director, Medical Records, Dietary Manager, Activity Director, and Medical Director</p>	8-18-17	

08/14/2017 MON 11:52 FAX 8655942168 Dept. of Health

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F 425	<p>Continued From page 10</p> <p>pharmacy had entered Resident #438's medications by a faxed "...New Home Medication List..." from the acute care hospital on 7/28/17 at 1:40 PM that included "... digoxin [digoxin 125 mcg... oral tablet] 1 tab ORALLY Once Daily..."</p> <p>Interview continued and revealed the procedure was to reconcile the faxed list with the written admission orders received from the nursing home. Further interview revealed a data entry employee of the pharmacy was responsible for the reconciliation.</p> <p>Interview continued and confirmed the August 2017 Physician Order's and the August 2017 MAR were generated by the pharmacy and sent to the nursing home with the Digoxin included as part of the resident's medication regimen. Interview with Pharmacist #1 confirmed the pharmacy's present procedures had contributed to a medication error.</p>	F 425			